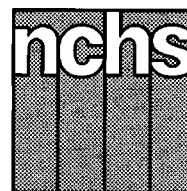


Advance Data



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National Ambulatory Medical Care Survey: 1995 Summary

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Abstract

Objective—This report describes ambulatory care visits made to physician offices within the United States. Statistics are presented on selected physician, patient, and visit characteristics for aggregated ambulatory care visits.

Methods—The data presented in this report were collected from the 1995 National Ambulatory Medical Care Survey (NAMCS). NAMCS is part of the ambulatory care component of the National Health Care Survey, which measures health care utilization across various types of providers. NAMCS is a national probability survey of visits to office-based physicians in the United States. Sample data were weighted to produce annual estimates.

Results—During 1995, an estimated 697.1 million visits were made to physician offices in the United States, an overall rate of 2.7 visits per person. One quarter of the NAMCS visits were made to general and family physicians, which was significantly higher than the other 13 specialties. Persons 75 years of age and over had the highest rate of physician office visits, 5.9 visits per person. Females had a significantly higher rate of visits to physician offices than males did overall, as did white persons compared with black persons. Of all visits made to these offices in 1995, 86 percent were covered by some form of insurance, and 11 percent were paid "out-of-pocket." There were an estimated 81.6 million injury-related visits during 1995, or 31.2 visits per 100 persons. A significantly higher proportion of injury visits were made by white persons compared with black persons. Over two-thirds of all injury visits were for unintentional injuries.

Keywords: physicians • diagnoses • injury • ICD-9-CM

Introduction

The National Ambulatory Medical Care Survey (NAMCS) was begun in 1973 to collect data on the utilization of ambulatory medical care services provided by office-based physicians. It was conducted annually until 1981,

again in 1985, and resumed an annual schedule in 1989. NAMCS is complemented by the National Hospital Ambulatory Medical Care Survey (NHAMCS), which was inaugurated in 1992 to expand the scope of data collection to the medical services provided by hospital outpatient and

emergency departments. Together NAMCS and NHAMCS data provide an important tool for tracking ambulatory care utilization in the United States. A third survey, the National Survey of Ambulatory Surgery, was launched in 1994 to focus on the rapidly increasing use of ambulatory surgery centers that are not covered in NAMCS or NHAMCS. These surveys are part of the National Health Care Survey, which measures health care utilization across various types of providers. For additional information on the NHAMCS (hospital outpatient and emergency department visits), please refer to the 1995 annual summaries (1,2). The first report combining both of these surveys provides a comprehensive picture of ambulatory medical care utilization (3). It shows that 81 percent of ambulatory care, as identified by both NAMCS and NHAMCS, is provided in office-based practices.

This report presents national annual estimates on physician office visits for 1995. Physician, patient, and visit characteristics are described.

Methods

The data presented in this report are from the 1995 NAMCS, a national probability sample survey conducted by the Division of Health Care Statistics of



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. Survey dates for NAMCS were January 2, 1995, through December 31, 1995.

The target universe of NAMCS includes visits made in the United States to the offices of nonfederally employed physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who were classified by the American Medical Association (AMA) and the American Osteopathic Association (AOA) as "office-based, patient care." Visits to private, nonhospital-based clinics and health maintenance organizations (HMO's) were within the scope of the survey, but those that took place in government-operated facilities and hospital-based outpatient departments were not. Telephone contacts and visits made outside the physician's office were also excluded.

NAMCS utilizes a multistage probability sample design involving samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within physician practices. The PSU's are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships (for some PSU's in New England). Sample physicians were asked to complete Patient Record forms for a systematic random sample of office visits occurring during a randomly assigned 1-week reporting period (figure 1). Of 3,724 physicians selected from the master files of the AMA and the AOA, 2,587 were in-scope, or eligible to participate in the survey. The response rate was 72.8 percent, and a total of 36,875 Patient Record forms were submitted.

Because the estimates presented in this report are based on a sample rather than on the entire universe of office visits, they are subject to sampling variability. The [Technical notes](#) at the end of this report include an explanation of the sample errors and guidelines for judging the precision of the estimates.

Several medical classification systems were used to code data from the NAMCS. Each Patient Record form contains an item on the patient's

expressed reason for the visit. In this item, the respondent was asked to record the patient's "complaint(s), symptom(s), or other reason(s) for this visit in the patient's (or patient surrogate's) own words." Up to three reasons for visit were classified and coded according to the *Reason for Visit Classification for Ambulatory Care (RVC)* (4).

The Patient Record form contains an item on the cause of injury for injury-related visits. Up to three external causes of injury were coded and classified according to the "Supplementary Classification of External Causes of Injury and Poisoning" found in the *International Classification of Diseases, 9th Revision Clinical Modification (ICD-9-CM)* (5). In addition, the form contains an item on diagnosis. The physician was asked to record the principal diagnosis or problem associated with the patient's most important reason for the current visit as well as any other significant current diagnoses. Up to three diagnoses were coded and classified according to the ICD-9-CM (5).

The Patient Record form includes items on ambulatory surgical procedures and diagnostic/screening services. Physicians were asked to record up to two procedures and to write in up to four services in the open-ended "other" categories. These procedures and services were coded and classified according to the ICD-9-CM, volume 3 (5).

In the medication item, respondents were instructed to record all new or continued medications ordered, supplied, or administered at the visit, including prescription and nonprescription preparations, immunization and desensitizing agents, and anesthetics. Up to six medications, referred to in this survey as drug mentions, were coded per visit according to a classification system developed at NCHS. A report describing the method and instruments used to collect and process drug information is available (6). Therapeutic classification of the drugs mentioned on the Patient Record forms was determined using the *National Drug Code Directory*, 1995 edition (7).

The U.S. Bureau of the Census, Housing Surveys Branch, was

responsible for data collection. Data processing operations and medical coding were performed by Analytic Sciences, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10-percent quality control sample of survey records was independently processed. Coding error rates ranged between 0.1 and 2.4 percent for various survey items.

Several of the tables in this report present data on rates of physician office visits. The population figures used in calculating these rates are U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States as of July 1, 1995, and have been adjusted for net underenumeration. The population figures have been published (3).

Results

There were an estimated 697.1 million visits to office-based physicians in 1995, representing an overall rate of 2.7 visits per person. This rate did not differ significantly from the overall visit rate in 1994. Annual visit rates have ranged between 2.6 and 3.0 visits per person between 1975 and 1995 (8-14). Selected physician, patient, and visit characteristics for these encounters are described in the following text.

Physician characteristics

The distribution of office visits according to physician specialty for the 13 most visited specialties is presented in [table 1](#). The largest share of visits was made to physicians in general and family practice (25.9 percent). Visit rates to each of the 13 physician specialty groups were not found to differ significantly from 1994 visit rates.

Doctors of osteopathy received 39.5 million visits during 1995, or 5.7 percent of all office visits. Visits to this specialty occurred at a rate of 15.1 per 100 persons, not significantly different from the 1994 visit rate of 13.3 visits per 100 persons.

Visits according to geographic characteristics of the physician's practice are also displayed in [table 1](#). In 1995, the West had a significantly higher visit rate than the other regions with 332.8 visits per 100 persons. The Northeast had a higher visit rate than

Assurance of Confidentiality —All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose.		Department of Health and Human Services Public Health Service Centers for Disease Control and Prevention National Center for Health Statistics		A	
1. DATE OF VISIT _____/_____/_____ <small>Month Day Year</small>		2. ZIP CODE _____ <small>Patient's</small>		NATIONAL AMBULATORY MEDICAL CARE SURVEY 1995-96 PATIENT RECORD	
3. DATE OF BIRTH _____/_____/_____ <small>Month Day Year</small>		5. SEX 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male		8. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT a. Type of payment <i>Check one.</i> 1 <input type="checkbox"/> Preferred provider option 2 <input type="checkbox"/> Insured, fee-for-service 3 <input type="checkbox"/> HMO / Other prepaid 4 <input type="checkbox"/> Self-pay 5 <input type="checkbox"/> No charge 6 <input type="checkbox"/> Other	
4. RACE 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian / Pacific Islander 4 <input type="checkbox"/> American Indian / Eskimo / Aleut		6. ETHNICITY 1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic		b. Expected sources of insurance <i>Check all that apply.</i> 1 <input type="checkbox"/> Blue Cross / Blue Shield 2 <input type="checkbox"/> Other private insurance 3 <input type="checkbox"/> Medicare 4 <input type="checkbox"/> Medicaid 5 <input type="checkbox"/> Worker's Compensation 6 <input type="checkbox"/> Other 7 <input type="checkbox"/> Unknown	
7. DOES PATIENT SMOKE CIGARETTES ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown		9. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT <i>Use patient's own words.</i> Most important: _____ b. Other: _____ c. Other: _____			
10. IS THIS VISIT INJURY RELATED ? 1 <input type="checkbox"/> Yes (<i>Answer a, b, and c.</i>) 2 <input type="checkbox"/> No (<i>Skip to Item 11.</i>)		a. Place of occurrence 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> School 3 <input type="checkbox"/> Sports or athletics area 4 <input type="checkbox"/> Street or highway 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Unknown		b. Is this injury work related ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
c. Cause of injury <i>Describe events that preceded injury (e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, etc.).</i> _____ _____ _____		11. PHYSICIAN'S DIAGNOSES <i>As specifically as possible, list up to 3 current diagnoses including those unrelated to this visit.</i> a. Principal diagnosis or problem associated with item 9a.: _____ b. Other: _____ c. Other: _____		12. DOES PATIENT HAVE: <i>Check all that apply regardless of entry in item 11.</i> 1 <input type="checkbox"/> Arthritis 2 <input type="checkbox"/> Arteriosclerosis 3 <input type="checkbox"/> COPD 4 <input type="checkbox"/> Chronic renal failure 5 <input type="checkbox"/> Depression 6 <input type="checkbox"/> Diabetes 7 <input type="checkbox"/> HIV / AIDS 8 <input type="checkbox"/> Hyperactivity / ADD 9 <input type="checkbox"/> Hypertension 10 <input type="checkbox"/> Obesity 11 <input type="checkbox"/> None of the above	
13. AMBULATORY SURGICAL PROCEDURES <input type="checkbox"/> NONE <i>List up to 2 surgical procedures performed at this visit.</i> 1. _____ 2. _____		14. DIAGNOSTIC / SCREENING SERVICES <i>Check all ordered or provided at this visit.</i> 1 <input type="checkbox"/> NONE EXAMINATIONS: 2 <input type="checkbox"/> Breast 3 <input type="checkbox"/> Pelvic 4 <input type="checkbox"/> Rectal 5 <input type="checkbox"/> Visual acuity 6 <input type="checkbox"/> Mental status 7 <input type="checkbox"/> Other: _____ TESTS: 8 <input type="checkbox"/> Blood pressure 9 <input type="checkbox"/> Urinalysis 10 <input type="checkbox"/> TB skin test 11 <input type="checkbox"/> Blood lead level 12 <input type="checkbox"/> Cholesterol measure 13 <input type="checkbox"/> PSA 14 <input type="checkbox"/> HIV serology 15 <input type="checkbox"/> Other blood test 16 <input type="checkbox"/> Other: _____ IMAGING: 17 <input type="checkbox"/> X-Ray 18 <input type="checkbox"/> CAT scan 19 <input type="checkbox"/> MRI 20 <input type="checkbox"/> Ultrasound 21 <input type="checkbox"/> Other: _____ ALL OTHER: (specify) 22 <input type="checkbox"/> _____		15. THERAPEUTIC AND PREVENTIVE SERVICES <i>Check all ordered or provided at this visit. Exclude medications.</i> 1 <input type="checkbox"/> NONE COUNSELING / EDUCATION: 2 <input type="checkbox"/> Diet 3 <input type="checkbox"/> Exercise 4 <input type="checkbox"/> Weight reduction 5 <input type="checkbox"/> Cholesterol reduction 6 <input type="checkbox"/> HIV transmission 7 <input type="checkbox"/> Injury prevention 8 <input type="checkbox"/> Tobacco use / exposure 9 <input type="checkbox"/> Growth / development 10 <input type="checkbox"/> Mental health 11 <input type="checkbox"/> Other: _____ OTHER THERAPY: 12 <input type="checkbox"/> Psychotherapy 13 <input type="checkbox"/> Corrective lenses 14 <input type="checkbox"/> Physiotherapy 15 <input type="checkbox"/> Other: _____	
16. MEDICATIONS / INJECTIONS <i>List names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications (with or without new orders), Rx and OTC medications, immunizations, allergy shots, and anesthetics.</i> <input type="checkbox"/> NONE 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____		17. PROVIDERS SEEN THIS VISIT <i>Check all that apply.</i> 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Physician assistant 3 <input type="checkbox"/> Nurse practitioner 4 <input type="checkbox"/> R.N. 5 <input type="checkbox"/> L.P.N. 6 <input type="checkbox"/> Medical assistant 7 <input type="checkbox"/> Other: _____		18. HAVE YOU OR ANYONE IN YOUR PRACTICE SEEN PATIENT BEFORE ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ <i>If Yes, for condition in Item 11a.?</i> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
19. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		20. VISIT DISPOSITION <i>Check all that apply.</i> 1 <input type="checkbox"/> No followup planned 2 <input type="checkbox"/> Return if needed, P.R.N. 3 <input type="checkbox"/> Return at specified time 4 <input type="checkbox"/> Admit to hospital 5 <input type="checkbox"/> Other: _____		21. VISIT DURATION _____ Minutes	

Figure 1. Patient Record form

Table 1. Number, percent distribution, and annual rate of office visits by selected physician practice characteristics: United States, 1995

Physician practice characteristic	Number of visits in thousands	Percent distribution	Number of visits per 100 persons per year ^{1,2}
All visits	697,082	100.0	266.2
Physician specialty			
General and family practice	180,259	25.9	68.8
Internal medicine	105,953	15.2	40.5
Pediatrics	88,956	12.8	34.0
Obstetrics and gynecology	52,886	7.6	³ 20.2
Ophthalmology	40,693	5.8	15.5
Orthopedic surgery	40,686	5.8	15.5
Dermatology	25,002	3.6	9.5
Psychiatry	21,910	3.1	8.4
General surgery	19,179	2.8	7.3
Otolaryngology	16,535	2.4	6.3
Cardiovascular diseases	14,501	2.1	5.5
Urology	13,543	1.9	5.2
Neurology	7,387	1.1	2.8
All other specialties	69,594	10.0	26.6
Professional identity			
Doctor of medicine	657,594	94.3	251.1
Doctor of osteopathy	39,488	5.7	15.1
Geographic region			
Northeast	140,922	20.2	273.9
Midwest	145,684	20.9	234.1
South	224,710	32.2	243.2
West	185,766	26.6	332.8
Metropolitan status			
MSA	572,777	82.2	273.2
Non-MSA	124,305	17.8	237.9

¹National estimates are based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995. Figures are consistent with Census reports PE-10/PPL-41, Addendum 1, and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

²Regional and metropolitan estimates are based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995.

³The visit rate is 39.4 per 100 females.

NOTE: Numbers may not add to totals because of rounding. MSA is metropolitan statistical area.

the Midwest (273.9 versus 234.1 visits per 100 persons, respectively). When compared with 1994, the visit rates significantly increased in the West, while in the Northeast the visit rate significantly decreased.

Patient characteristics

Office visits by patient's age, sex, and race are shown in [table 2](#). Females made 59.7 percent of all office visits during 1995 and accounted for a higher percent of visits than males in all age categories except the youngest (under 15 years). Females also had significantly higher visit rates than males in the age categories 15–24 years, 25–44 years, and 45–64 years. However, visit rates by sex were not significantly different for

the youngest age group (under 15 years) and the two oldest groups (65–74 years and 75 years and over). These patterns were also observed in the 1990–94 National Ambulatory Medical Care Surveys.

Visit rates for males and females were found to increase with age after the age of 24. Persons aged 75 years and over had the highest visit rate of the six age categories analyzed, at 5.9 visits per person. The pattern, however, was found to be slightly different for males and females as shown in [figure 2](#).

The office visit rate for the white population was significantly higher (2.8 visits per person) than the rate for the black population (1.8 visits per person) in 1995. Visit rates were higher for white persons in each age group

compared with black persons, with the exception of those 45–64 years and 65–74 years of age. White persons made 87.3 percent of all office visits, with black persons and Asians/Pacific Islanders accounting for 8.6 percent and 3.8 percent, respectively. The visit rate for the black population in 1995 was not significantly different from the 1994 rate (1.7 visits per person). While historically, visit rates for black persons to physician offices tend to be lower than for white persons, visit rates to hospital settings tend to be higher for black persons compared with white persons (3).

Visit characteristics

Expected sources of payment—Data on expected sources of payment are shown in [table 3](#) and [figure 3](#). This item underwent substantial revision for the 1995 NAMCS. The first part of the new item concerns type of payment (for example, was the visit part of an insured fee-for-service arrangement, Preferred Provider Option (PPO), or HMO/other prepaid plan). Other options that could be checked were self-pay, no charge, and “other” type of payment.

Respondents were asked to check only one type of payment. If any of the first three options were checked, the respondent was then asked to complete part b of the item, expected sources of insurance for the visit. Respondents were asked to check all expected sources of insurance that were applicable.

In general, most visits were expected to be paid for with some type of insurance (85.8 percent). Insured, fee-for-service was the most common type of expected payment (37.3 percent) followed by HMO/other prepaid plan (22.7 percent). PPO plans accounted for 11.5 percent of physician office visits. Self-pay, which excludes deductibles and co-payments, accounted for one-tenth (10.6 percent) of all visits ([table 3](#)).

For patients paying by insurance, slightly less than one-half of the visits cited private insurance (46.3 percent), including Blue Cross/Blue Shield and about one-third cited Medicaid and/or Medicare (30.1 percent) ([figure 3](#)).

Table 2. Number, percent distribution, and annual rate of office visits by patient's age, sex, and race: United States, 1995

Patient's age, sex, and race	Number of visits in thousands	Percent distribution	Number of visits per person per year ¹
All visits	697,082	100.0	2.7
Age			
Under 15 years	131,548	18.9	2.2
15–24 years	56,278	8.1	1.6
25–44 years	181,590	26.1	2.2
45–64 years	159,531	22.9	3.1
65–74 years	90,544	13.0	4.9
75 years and over	77,591	11.1	5.9
Sex and age			
Female	416,320	59.7	3.1
Under 15 years	64,454	9.2	2.2
15–24 years	37,048	5.3	2.1
25–44 years	118,475	17.0	2.8
45–64 years	95,337	13.7	3.6
65–74 years	54,172	7.8	5.3
75 years and over	46,833	6.7	5.7
Male	280,762	40.3	2.2
Under 15 years	67,094	9.6	2.2
15–24 years	19,230	2.8	1.1
25–44 years	63,115	9.1	1.5
45–64 years	64,193	9.2	2.6
65–74 years	36,372	5.2	4.4
75 years and over	30,758	4.4	6.2
Race and age			
White	608,384	87.3	2.8
Under 15 years	115,558	16.6	2.5
15–24 years	47,535	6.8	1.7
25–44 years	155,616	22.3	2.3
45–64 years	137,591	19.7	3.1
65–74 years	80,675	11.6	5.0
75 years and over	71,408	10.2	6.0
Black	59,678	8.6	1.8
Under 15 years	9,883	1.4	1.0
15–24 years	6,001	0.9	1.1
25–44 years	17,884	2.6	1.7
45–64 years	15,212	2.2	2.9
65–74 years	6,734	1.0	4.3
75 years and over	3,965	0.6	3.9
Asian, Pacific Islander	26,718	3.8	---
American Indian, Eskimo, Aleut	2,302	0.3	---

--- Data not available.

¹Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995. Figures are consistent with Census reports PE-10/PPL-41, Addendum 1, and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

NOTE: Numbers may not add to totals because of rounding.

One-quarter to one-third of the visits listing Federal insurance or worker's compensation did not report a type of payment on the Patient Record form. In addition, for two-thirds of the visits at which the expected source of insurance was unknown, an expected type of payment of HMO/other prepaid plan was recorded (table 3). This indicates that the new item format did not always

capture both type of insurance and type of payment.

Patient's principal reason for visit—As described earlier, item 9 of the Patient Record form asks the physician to record up to three reasons for the visit. These visits were classified and coded from the survey according to the RVC (4). The principal reason for visit

is the problem, complaint, or reason listed in item 9a.

The RVC is divided into the eight modules or groups of reasons displayed in table 4. More than half of all visits were made for reasons classified as symptoms (55.2 percent). Respiratory symptoms accounted for 11.8 percent of all visits, and musculoskeletal symptoms accounted for 10.8 percent.

The 20 most frequently mentioned principal reasons for visit, representing 42.8 percent of all visits, are shown in table 5. General medical examination was the most frequently mentioned reason for visit (6.8 percent of the total), while cough was the most frequently mentioned reason having to do with illness or injury (3.7 percent). All of the top 20 reasons for office visits in 1995 were also listed among the 20 most frequently mentioned reasons in 1994, albeit in different order. The proportion of visits for general medical examination, fever, and head cold increased significantly from 1994 figures while the proportion of visits for routine prenatal examination, skin rash, and depression decreased in 1995. It should be noted that estimates that differ in ranked order may not be significantly different from each other.

Injury-related visits—Injury-related office visits are presented in terms of patient's age, sex, and race in table 6. Visits were considered to be injury related if "yes" was checked in response to question 10 of the Patient Record form, or if an injury reason for visit or injury diagnosis was recorded, or if a cause of injury was specified.

Using the results from any one of those items alone would underestimate the number of injury-related visits. Each of these items measures a unique aspect of injury. Using this definition, the number of injury-related visits was increased by 32 percent as compared with using the injury checkbox alone. There were an estimated 81.6 million injury-related office visits in 1995, representing 11.7 percent of all office visits. Corresponding figures for 1994 were 84.6 million and 12.4 percent of visits, respectively, although the 1994 definition did not include cause of injury since that item was added in 1995. About one-half of the injury visits

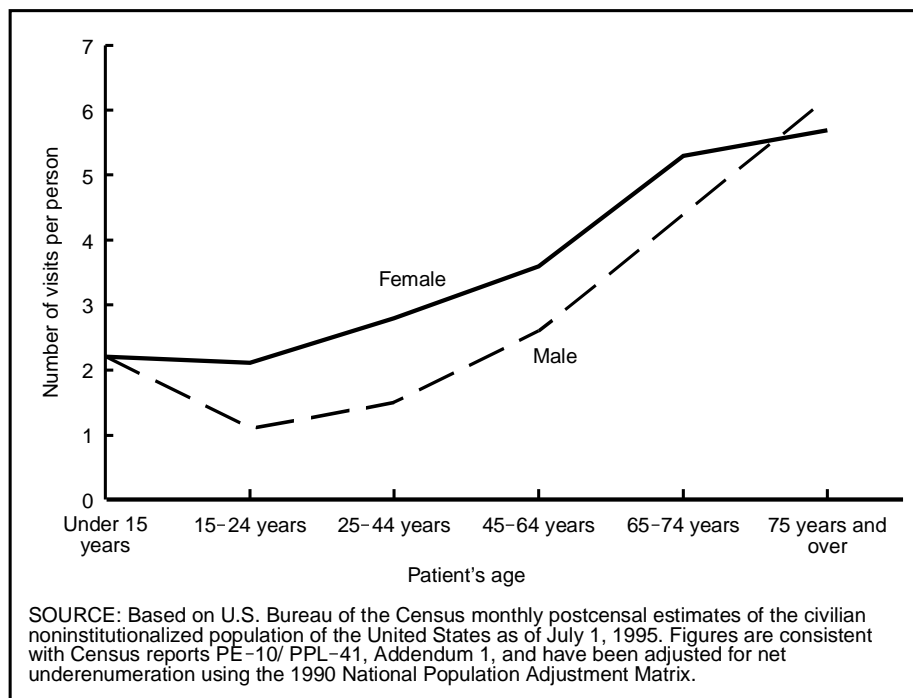


Figure 2. Annual rate of visits to office-based physicians by patient's age and sex: United States, 1995

(51.4 percent) were made by males, and 34.9 percent were made by persons 25–44 years old.

The injury visit rate for males was not significantly higher than the rate for females in 1995 (32.9 visits per 100 males compared with 29.5 visits per 100 females), nor were there any differences noted between males and females by age with one exception—the rate for males 25–44 years was statistically higher than the rate for females in the same age group (38.3 and 30.4 visits per 100, respectively). [Figure 4](#) displays injury visit rates by patient's age and sex.

Among females, injury visit rates were lower for those under age 25 compared with those 45 years of age and over. Males in the age groups 25–44 years and 45–64 years had an injury visit rate that was significantly higher than the rate for those under 15 years of age. No other statistically significant differences were noted by age for males.

The injury visit rate for black persons was 21.0 visits per 100 persons in 1995, significantly lower than the rate of 33.1 injury visits per 100 white persons. Although rates were not significantly different between white males (34.6 per 100) and white females (31.7 per 100), black males (25.3 per

100) had a significantly higher rate than black females (17.3 per 100) (data not shown).

Item 10, is this visit injury related, was expanded in 1995 to capture the place of occurrence, whether the injury was work related, and the external cause of the injury. A work-related injury was defined as one that happened while the patient was engaged in work activities occurring on or off the employer's premises. However, these statistics are most likely underestimates because the place of occurrence and whether the injury was work related were unknown or blank for 42.1 percent and 36.0 percent of the injury-related visits, respectively. The data collected indicated that home was the most frequently reported category (17.2 percent), and one-fifth of the injury visits were reported as work related (22.9 percent) ([table 7](#)). For visits by patients who were between 18 and 64 years of age, the percent of work-related injuries increases to 32.1 percent (data not shown).

[Table 8](#) shows NAMCS visits by the intent and mechanism of the first-listed external cause of injury as categorized by the ICD-9-CM groupings detailed in the Technical

notes. Over two-thirds of the injury visits were due to unintentional injuries (70.1 percent). Falls were cited most often, accounting for about one-fifth of all injury visits. It should be noted that cause of injury was not recorded for one-quarter of the injury visits.

Physician's principal diagnosis—Item 11 of the Patient Record form asks the physician to record the principal diagnosis or problem associated with the patient's most important reason for the current visit as well as any other significant current diagnoses. Displayed in [table 9](#) are office visits by principal diagnosis using the major disease categories specified by the ICD-9-CM (5). The supplementary classification, used for diagnoses that are not classifiable to injury or illness (for example, general medical examination, routine prenatal examination, and health supervision of an infant or child), accounted for 15.8 percent of all office visits. Diseases of the respiratory system (14.1 percent) and diseases of the nervous system and sense organs (10.4 percent) were also prominent on the list.

A selection of the most frequently reported principal diagnosis for 1995 are featured in [table 10](#). The categories shown in this table are based on the ICD-9-CM, but have been defined to better describe the ambulatory care visit data. The diagnosis groupings in [table 10](#) accounted for 42.9 percent of all NAMCS visits during the year. The three most frequent illness diagnoses were acute upper respiratory infections, essential hypertension, and otitis media.

Physician's checklist of medical conditions—In addition to the physician's diagnosis reported in item 11 of the Patient Record form, selected information on chronic health conditions was collected in item 12. Physicians were given a list of common conditions and asked to record whether the patient now has any of them, regardless of what was recorded as the current diagnosis in item 11. Results from item 12 are shown in [table 11](#). In 1995, this question was modified to include five additional conditions. Hypertension was cited at about one-third of the visits by patients 65 years and over. Arthritis was

Table 3. Number and percent distribution of office visits by type of payment and expected sources of insurance for this visit: United States, 1995

Type of payment and expected sources of insurance ¹	Number of visits in thousands	Percent distribution
All visits	697,082	100.0
Insured, fee-for-service	259,982	37.3
Private insurance	151,033	21.7
Medicare	91,906	13.2
Medicaid	33,962	4.9
Worker's compensation	8,843	1.3
Other	14,555	2.1
Unknown	6,017	0.9
HMO/other prepaid ²	158,216	22.7
Private insurance	75,696	10.9
Medicare	13,976	2.0
Medicaid	14,419	2.1
Worker's compensation	706	0.1
Other	32,803	4.7
Unknown	28,097	4.0
Preferred Provider Option	79,917	11.5
Private insurance	57,256	8.2
Medicare	8,317	1.2
Medicaid	2,524	0.4
Worker's compensation	741	0.1
Other	11,491	1.6
Unknown	5,055	0.7
Unspecified type of payment	99,373	14.3
Private insurance	38,554	5.5
Medicare	36,273	5.2
Medicaid	22,047	3.2
Worker's compensation	6,170	0.9
Other	7,833	1.1
Unknown	5,061	0.7
Self-pay	74,074	10.6
No charge	7,746	1.1
Other	9,209	1.3
No answer ³	8,564	1.2

¹Only one type of payment (preferred provider option, insured fee-for-service, HMO/other prepaid, self-pay, no charge, or other) was coded for each visit. These figures may not always add to totals because of rounding. For payment types of preferred provider option, insured fee-for-service, and HMO/other prepaid, respondents were also asked to check all of the applicable expected sources of insurance. As a result, expected sources of insurance will not add to totals because more than one source could be reported per visit.

²HMO is health maintenance organization.

³Neither type of payment nor source of insurance was reported.

reported at more than one-third of the visits by those 75 years and over.

Diagnostic and screening services—For the 1995 NAMCS, item 14 was changed from a predominantly open-ended format back to the checkbox format used in the 1992 survey. Although this limits somewhat the diversity of the services reported, it is thought to increase reliability of the reporting for those services listed on the form.

Pelvic, visual, and breast examinations were either ordered or provided at 7.0 percent of visits. Blood pressure (42.7 percent) and urinalysis (12.2 percent) were the leading tests. Imaging was most often in the form of an x ray and was either ordered or performed at 8.0 percent of the visits.

About 30 percent of the visits had no diagnostic screening services ordered or provided (table 12).

Procedures—In item 13, up to two ambulatory surgical procedures performed at this visit were to be recorded by the physician. Item 14, “Diagnostic and screening services,” included four open-ended “other” categories in addition to the checkbox categories. After analyzing the data from these categories and from the ambulatory surgery data reported in question 13, it was discovered that in many instances the same procedure was being recorded in different places by different physicians. Table 13 presents data from both question 13 and the open-ended responses to question 14 as coded to volume 3 of the ICD-9-CM

(5). “Other nonoperative measurement and examination” was most frequently mentioned, accounting for 13.6 percent of all office-based visits. “Other local excision or destruction of lesion or tissue or skin and subcutaneous tissue” was the most frequently mentioned invasive procedure accounting for 1.4 percent of the visits.

Therapeutic and preventive services—Data on therapeutic and preventive services ordered or provided at physicians’ office visits were collected in item 15 of the Patient Record form. As shown in table 14, these services were recorded at one-third (34.9 percent) of all office visits during 1995. Counseling or education related to diet (13.3 percent), exercise (10.0 percent), weight reduction (4.7 percent), and growth/development (3.9 percent) were mentioned most frequently.

Other therapy included psychotherapy, physiotherapy, and corrective lenses, cited at 2.8, 2.5, and 1.0 percent of office visits, respectively.

Medication therapy—As used in the NAMCS, the term “drug” is interchangeable with the term “medication” and the term “prescribing” is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter. Visits with one or more drugs listed on the Patient Record form are termed “drug visits” in the NAMCS. Up to six medications, called drug mentions, were coded per drug visit. This represents a minor change from previous years when only five medications could be recorded per visit.

The NAMCS drug database permits classification by a wide range of variables, including specific product name, generic class, entry form chosen by the physician (that is, brand name, generic name, or the desired therapeutic effect), prescription status (that is, whether the product is prescription or nonprescription), federally controlled substance status, composition status (that is, single or multiple ingredient product), and therapeutic category. A report describing the method and process instruments used to collect and process drug information for the NAMCS is available (6).

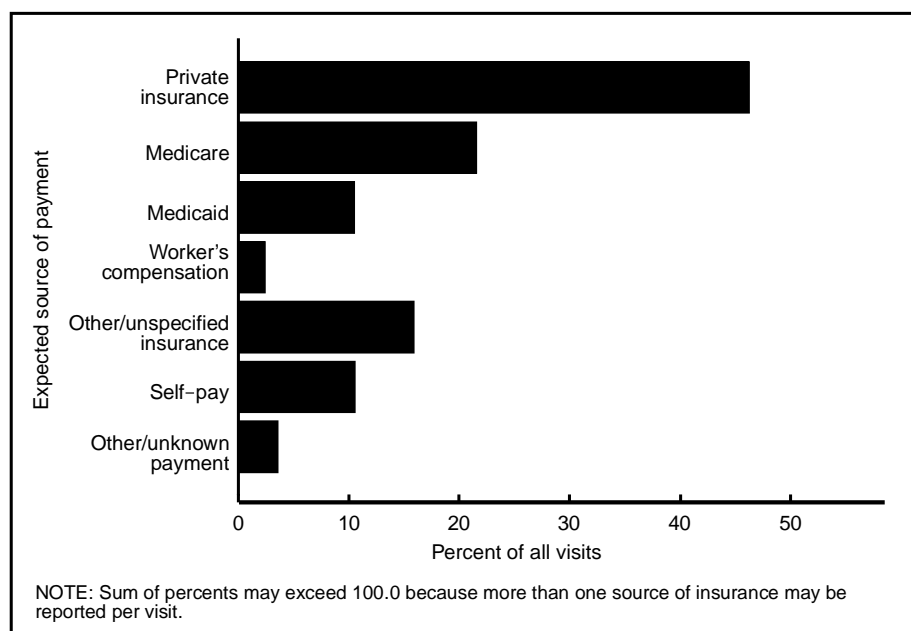


Figure 3. Percent of physician office visits by expected source of payment: United States, 1995

Data on medication therapy are shown in tables 15–19. Medication therapy was the most commonly mentioned therapeutic service in 1995, reported at 448.3 million office visits or 64.3 percent of the total (table 15).

There were 926.1 million drugs mentioned at visits to office-based physicians during 1995. This yields an

average of 1.3 drug mentions per office visit, or 2.1 drug mentions per drug visit. Data on number of drug visits and drug mentions by physician specialty are shown in table 16. Three-quarters or more of the visits to internists, psychiatrists, and cardiologists included at least one drug mention. In contrast, about one-third of the visits to

orthopedic surgeons and one-quarter of the visits to general surgeons did so.

Drug mentions are displayed by therapeutic class in table 17. This classification is based on the therapeutic categories used in the NDC (7). It should be noted that some drugs have more than one therapeutic application. In cases of this type, the drug was classified under its primary therapeutic use. Cardiovascular-renal drugs, (14.3 percent), antimicrobial agents (13.8 percent), and drugs used for pain relief (12.1 percent) were listed most frequently.

The 20 most frequently used generic substances in 1995 are shown in table 18. Drug products containing more than one ingredient (combination products) are included in the data for each ingredient. For example, acetaminophen with codeine is included in both the count for acetaminophen and the count for codeine. Amoxicillin and acetaminophen were the two generic ingredients most frequently used in drugs ordered or provided by the physician at office visits in 1995, occurring in 4.0 percent and 3.9 percent of drug mentions, respectively.

Table 19 presents the 20 medications most frequently mentioned by physicians in the NAMCS, according to the entry name of drug. Entry name

Table 4. Number and percent distribution of office visits by patient's principal reason for visit: United States, 1995

Principal reason for visit modules and RVC code ¹	Number of visits in thousands	Percent distribution
All visits	697,082	100.0
Symptom module S001–S999	384,742	55.2
General symptoms S001–S099	45,114	6.5
Symptoms referable to psychological/mental disorders S100–S199	20,801	3.0
Symptoms referable to the nervous system (excluding sense organs) S200–S259	20,453	2.9
Symptoms referable to the cardiovascular/lymphatic system S260–S299	3,597	0.5
Symptoms referable to the eyes and ears S300–S399	44,928	6.4
Symptoms referable to the respiratory system S400–S499	82,515	11.8
Symptoms referable to the digestive system S500–S639	29,898	4.3
Symptoms referable to the genitourinary system S640–S829	27,314	3.9
Symptoms referable to the skin, hair, and nails S830–S899	35,160	5.0
Symptoms referable to the musculoskeletal system S900–S999	74,962	10.8
Disease module D001–D999	74,811	10.7
Diagnostic/screening and preventive module X100–X599	116,722	16.7
Treatment module T100–T899	69,790	10.0
Injuries and adverse effects module J001–J999	21,070	3.0
Test results module R100–R700	10,204	1.5
Administrative module A100–A140	6,436	0.9
Other ²	13,307	1.9

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (4).

²Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

Table 5. Number and percent distribution of office visits by the 20 principal reasons most frequently mentioned by patients, according to patient's sex: United States, 1995

Principal reason for visit and RVC code ¹	Number of visits in thousands	Total	Patient's sex	
			Female	Male
			Percent distribution	
All visits	697,082	100.0	100.0	100.0
General medical examination X100	47,315	6.8	7.0	6.4
Cough S440	25,630	3.7	3.4	4.1
Progress visit, not otherwise specified T800	21,235	3.0	2.8	3.4
Postoperative visit T205	20,449	2.9	2.9	2.9
Routine prenatal examination X205	17,729	2.5	4.3	...
Symptoms referable to throat S455	16,502	2.4	2.5	2.1
Earache or ear infection S355	13,030	1.9	1.7	2.1
Back symptoms S905	12,975	1.9	1.7	2.1
Fever S010	12,661	1.8	1.6	2.2
Stomach pain, cramps, and spasms S545	12,341	1.8	2.0	1.4
Well baby examination X105	12,193	1.7	1.6	2.0
Vision dysfunctions S305	10,544	1.5	1.5	1.6
Head cold, upper respiratory infection (coryza) S445	10,272	1.5	1.5	1.4
Skin rash S860	10,240	1.5	1.3	1.7
Headache, pain in head S210	9,626	1.4	1.6	1.0
Knee symptoms S925	9,455	1.4	1.3	1.4
Nasal congestion S400	9,319	1.3	1.2	1.5
Hypertension D510	9,269	1.3	1.4	1.3
Depression S110	9,011	1.3	1.5	1.0
Chest pain and related symptoms S050	8,235	1.2	1.2	1.2
All other reasons	399,051	57.2	56.0	59.2

... Category not applicable.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC) (4)*.

NOTE: Numbers may not add to totals because of rounding.

refers to the actual designation used by the physician on the Patient Record form and may be a trade name, generic name, or simply a desired therapeutic effect. Amoxicillin was the medication most frequently reported by physicians, with 19.7 million mentions (2.1 percent of the total). It was followed by Lasix, Premarin, Tylenol, and Amoxil. All of these were among the top 10 drug entry names mentioned in 1994.

Providers seen—Item 17, new to the NAMCS Patient Record form in 1995, collects data on all providers seen during the sampled visit. [Table 20](#) details providers seen by physician specialty. Overall, 96.0 percent of visits were attended by a physician and one-quarter by a medical assistant (23.3 percent).

Referral status and prior-visit status—[Table 21](#) shows data on office visits categorized by patient's referral status and prior-visit status. The distribution of visits by referral status and prior-visit status according to physician specialty is shown in [table 22](#).

When referred visits are restricted to those made by new patients and those

made by old patients for new problems, their share of total visits is 6.5 percent, not significantly different than the 1994 NAMCS figure of 6.4 percent.

Also shown in [table 21](#) are office visits by prior-visit status. Eight out of ten office visits (86.0 percent) were made by patients who had seen the physician on a previous occasion, and more than one-half of all visits (65.6 percent) were made by persons who were returning to the physician for care of a previously treated problem. Overall, 14.0 percent of visits were made by new patients.

As expected, the percent of referred visits reported by primary care specialties was relatively low, 8 percent or less of the visits to general and family practitioners, internists, and pediatricians ([table 23](#)). In contrast, about one-half of the visits to neurologists (49.4 percent) were reported to be referrals ([table 22](#)).

Disposition of visit—[Table 23](#) displays data on disposition of office visits. More than one-half of the office visits (61.3 percent) included a scheduled followup visit in 1995. More

than one-quarter (27.6 percent) of office visits included instructions to return if needed. One percent of visits resulted in a hospital admission. Percents have changed slightly from 1994, but this item was modified in 1995, listing only four categories compared with seven in 1994.

Duration of visit—Data on the duration of office visits is presented in [table 24](#). Duration of visit refers to the amount of time spent in face-to-face contact between the physician and the patient. This time is estimated and recorded by the physician and does not include time spent waiting to see the physician, time spent receiving care from someone other than the physician without the presence of the physician, or time spent by the physician in reviewing patient records and/or test results. In cases where the patient received care from a member of the physician's staff but did not actually see the physician during the visit, duration was recorded as "0" minutes.

Two-thirds (66.2 percent) of physicians' office visits had durations of 15 minutes or less in 1995, while one-third (33.7 percent) lasted over 15 minutes. The mean duration time for all visits was 19.3 minutes. Corresponding numbers for 1994 were 61.8 percent, 38.3 percent, and 18.6 minutes, respectively.

In 1995, with the addition of the item on providers seen, a new edit was applied to the NAMCS processing. This edit ensured that visits that did not indicate a physician was seen in question 17 also had a duration of zero minutes. With the addition of this item and the resulting edit, it is believed that the data are more accurate than in previous years.

Additional reports that utilize 1995 NAMCS data are in the *Advance Data from Vital and Health Statistics series*. Data from the 1995 NAMCS will be available in a variety of formats, including public use data tape, CD-ROM, and as downloadable data files accessed through the NCHS home page on the Internet. The data should be available by mid-1997. Questions regarding this report, future reports, or the NAMCS may be directed to the

Table 6. Number, percent distribution, and annual rate of injury-related office visits by patient's age, sex, and race: United States, 1995

Patient's age, sex, and race	Number of visits in thousands	Percent distribution	Number of visits per 100 persons per year ¹
All injury-related visits	81,649	100.0	31.2
Age			
Under 15 years	11,089	13.6	18.6
15–24 years	9,741	11.9	27.0
25–44 years	28,489	34.9	34.3
45–64 years	20,105	24.6	38.9
65–74 years	6,854	8.4	37.4
75 years and over	5,370	6.6	40.7
Sex and age			
Female	39,681	48.6	29.5
Under 15 years	4,581	5.6	15.8
15–24 years	4,110	5.0	22.8
25–44 years	12,846	15.7	30.4
45–64 years	10,422	12.8	39.0
65–74 years	4,178	5.1	41.2
75 years and over	3,544	4.3	43.2
Male	41,968	51.4	32.9
Under 15 years	6,508	8.0	21.4
15–24 years	5,631	6.9	31.1
25–44 years	15,643	19.2	38.3
45–64 years	9,683	11.9	38.8
65–74 years	2,677	3.3	32.7
75 years and over	1,826	2.2	36.6
Race			
White	71,763	87.9	33.1
Black	7,039	8.6	21.0
Asian, Pacific Islander	2,374	2.9	---
American Indian, Eskimo, Aleut	*	*	---

--- Data not available.

*Figure does not meet standard of reliability or precision.

¹Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995. Figures are consistent with Census reports PE-10/PPL-41, Addendum 1, and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

NOTE: Numbers may not add to totals because of rounding.

Ambulatory Care Statistics Branch by calling (301) 436-7132.

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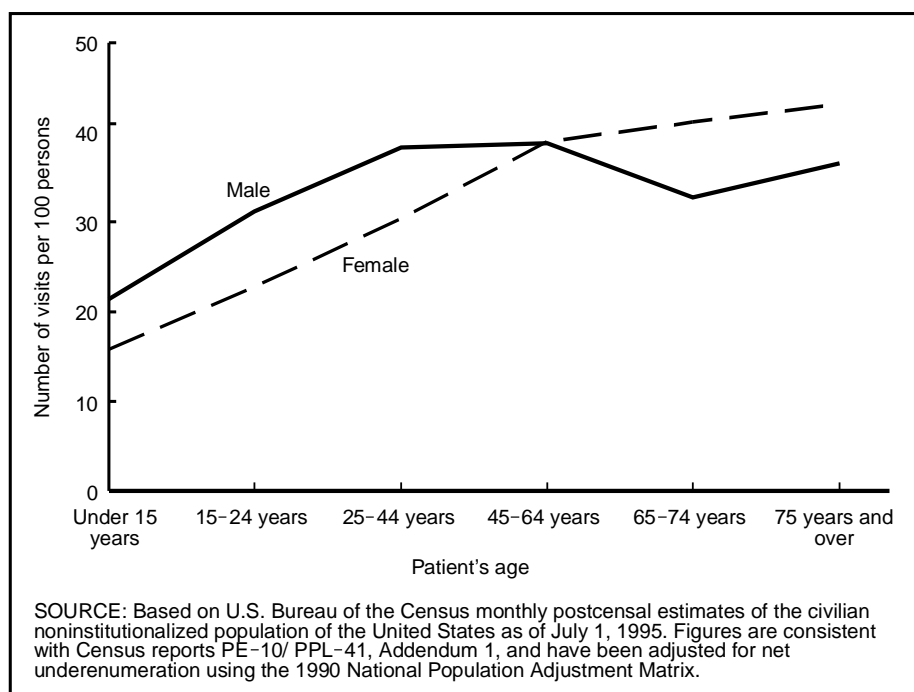


Figure 4. Annual rate of injury-related visits to office-based physicians by patient's age and sex: United States, 1995

Table 7. Number and percent distribution of injury-related office visits by place of occurrence and whether injury is work related: United States, 1995

Visit characteristic	Number of visits in thousands	Percent distribution
All injury-related visits	81,649	100.0
Place of occurrence		
Home	14,065	17.2
Street or highway	9,422	11.5
Sports or athletics area	4,804	5.9
School	2,056	2.5
Other	16,968	20.8
Unknown.	34,334	42.1
Is this injury work related?		
Yes	18,703	22.9
No	33,536	41.1
Unknown.	29,410	36.0

NOTE: Numbers may not add to totals because of rounding.

Table 8. Number and percent distribution of injury-related office visits by intent and mechanism of external cause: United States, 1995

Intent and mechanism ^{1,2}	Number of visits in thousands	Percent distribution
All injury visits	81,649	100.0
Unintentional injuries	57,232	70.1
Falls	14,662	18.0
Motor vehicle traffic accidents	8,331	10.2
Overexertion and strenuous movements	6,906	8.5
Struck against or struck accidentally by object or persons	4,892	6.0
Natural and environmental factors	2,018	2.5
Cutting or piercing instruments or objects	1,922	2.4
Other and not elsewhere classified	9,223	11.3
Mechanism unspecified	9,278	11.4
Intentional injuries	926	1.1
Assault	890	1.1
Injuries of undetermined intent	*	*
Adverse effects of medical treatment	3,554	4.4
Blank cause ³	19,909	24.4

* Figure does not meet standard of reliability or precision.

¹Coded from data provided in item 10c of the Patient Record form.

²Based on the *International Classification of Diseases, Supplementary Classification of External Causes of Injury and Poisoning, 9th Revision, Clinical Modification (ICD-9-CM)(5)*. A detailed description of the ICD-9-CM E codes used to create the groupings in this table is provided in the Technical notes.

³Includes illegible and blank E-codes.

NOTE: Numbers may not add to totals because of rounding.

Table 9. Number and percent distribution of office visits by physician's principal diagnosis: United States, 1995

Major disease category and ICD-9-CM code range ¹	Number of visits in thousands	Percent distribution
All visits	697,082	100.0
Infectious and parasitic diseases 001-139	23,061	3.3
Neoplasms 140-239	20,380	2.9
Endocrine, nutritional and metabolic diseases, and immunity disorders 240-279	27,102	3.9
Mental disorders 290-319	31,660	4.5
Diseases of the nervous system and sense organs 320-389	72,305	10.4
Diseases of the circulatory system 390-459	51,613	7.4
Diseases of the respiratory system 460-519	98,438	14.1
Diseases of the digestive system 520-579	26,723	3.8
Diseases of the genitourinary system 580-629	38,598	5.5
Diseases of the skin and subcutaneous tissue 680-709	34,025	4.9
Diseases of the musculoskeletal system and connective tissue 710-739	54,241	7.8
Symptoms, signs, and ill-defined conditions 780-799	34,380	4.9
Injury and poisoning 800-999	49,249	7.1
Supplementary classification V01-V82	109,811	15.8
All other diagnoses ²	8,033	1.2
Unknown ³	17,462	2.5

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (5)*.

²Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-676); congenital anomalies (740-759); and certain conditions originating in the perinatal period (760-779).

³Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 10. Number and percent distribution of office visits by selected principal diagnosis groups, according to patient's sex: United States, 1995

Principal diagnosis group and ICD-9-CM code(s) ¹	Number of visits in thousands	Total	Patient's sex	
			Female ²	Male ³
Percent distribution				
All visits	697,082	100.0	100.0	100.0
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	31,839	4.6	4.5	4.7
Essential hypertension 401	22,568	3.2	3.3	3.2
General medical examination V70	21,003	3.0	3.1	2.8
Otitis media and eustachian tube disorders 381-382	20,404	2.9	2.4	3.7
Routine infant or child health check V20.2	19,626	2.8	2.3	3.5
Arthropathies and related disorders 710-719	18,823	2.7	2.9	2.4
Normal pregnancy V22	18,720	2.7	4.5	. . .
Rheumatism, excluding back 725-729	15,415	2.2	2.4	2.0
Dorsopathies 720-724	15,401	2.2	1.9	2.6
Malignant neoplasms 140-208, 230-234	14,265	2.0	1.8	2.4
Diabetes mellitus 250	13,291	1.9	1.8	2.1
Chronic sinusitis 473	11,898	1.7	1.9	1.4
Chronic and unspecified bronchitis 490-491	11,493	1.6	1.4	2.0
Ischemic heart disease 410-414	9,940	1.4	1.0	2.0
Heart disease, excluding ischemic 391-392.0,393-398,402,404, 415-416,420-429	9,798	1.4	1.3	1.6
Acute pharyngitis 462	9,610	1.4	1.4	1.4
Potential health hazards relating to personal and family history V10-V19	9,077	1.3	1.2	1.5
Asthma 493	9,026	1.3	1.5	1.1
Sprains and strains of back 846-847	8,843	1.3	1.2	1.4
Allergic rhinitis 477	8,042	1.2	1.1	1.2
All other	398,001	57.1	57.1	57.0

. Category not applicable.

¹These groups are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (5). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.²Based on 416,320,000 visits made by females.³Based on 280,762,000 visits made by males.

Note: Numbers may not add to totals because of rounding.

Table 11. Number and percent of office visits by selected medical conditions, according to patient's age and sex: United States, 1995

Medical condition	Patient's age							Patient's sex	
	All ages, both sexes	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male
Number of visits in thousands ¹									
All visits	697,082	131,548	56,278	181,590	159,531	90,544	77,591	416,320	280,762
Arthritis	78,835	*647	*565	6,764	21,011	23,254	26,594	52,479	26,356
Atherosclerosis	30,339	*	*	*628	5,998	10,230	13,245	14,842	15,497
COPD ²	22,459	*	*	1,343	5,812	7,431	7,525	11,098	11,361
Chronic renal failure	3,604	*	–	*508	*781	1,258	998	1,909	1,695
Depression	37,361	*600	1,935	13,002	12,672	5,060	4,091	25,470	11,891
Diabetes	39,973	*	*	5,234	13,320	12,182	8,529	23,047	16,927
HIV/AIDS ³	1,565	*	*	1,042	*	*	*	*	1,179
Hyperactivity/ADD ⁴	4,739	2,705	*	*776	*	*	*	1,603	3,136
Hypertension	104,059	*	*729	11,357	33,868	29,313	28,437	62,848	41,211
Obesity	49,063	1,867	2,656	14,703	17,494	7,981	4,362	34,962	14,101
None of the above	458,344	125,652	50,006	139,289	85,810	33,555	24,032	269,930	188,414
Percent of visits									
All visits . . . . .	...	...	...	...	...	...	...	...	...
Arthritis	11.3	*0.5	*1.0	3.7	13.2	25.7	34.3	12.6	9.4
Atherosclerosis	4.4	*	*	*0.3	3.8	11.3	17.1	3.6	5.5
COPD ²	3.2	*	*	0.7	3.6	8.2	9.7	2.7	4.0
Chronic renal failure	0.5	*	–	*0.3	*0.5	1.4	1.3	0.5	0.6
Depression	5.4	*0.5	3.4	7.2	7.9	5.6	5.3	6.1	4.2
Diabetes	5.7	*	*	2.9	8.3	13.5	11.0	5.5	6.0
HIV/AIDS ³	0.2	*	*	0.6	*	*	*	*	0.4
Hyperactivity/ADD ⁴	0.7	2.1	*	*0.4	*	*	*	0.4	1.1
Hypertension	14.9	*0.3	*1.3	6.3	21.2	32.4	36.6	15.1	14.7
Obesity	7.0	1.4	4.7	8.1	11.0	8.8	5.6	8.4	5.0
None of the above	65.8	95.5	88.9	76.7	53.8	37.1	31.0	64.8	67.1

*Figure does not meet standard of reliability or precision.

– Quantity zero.

... Category not applicable.

¹Numbers may not add to totals because more than one condition may be reported per visit.²COPD is chronic obstructive pulmonary disease.³HIV is human immunodeficiency virus and AIDS is acquired immunodeficiency syndrome.⁴ADD is attention deficit disorder.

Table 12. Number and percent of office visits by diagnostic and screening services ordered or provided, according to patient's sex: United States, 1995

Diagnostic and screening services ordered or provided	Number of visits in thousands ¹	Total	Patient's sex	
			Female	Male
			Percent of visits	
All visits	697,082	...	...	...
None	206,558	29.6	26.7	34.0
Examinations				
Pelvic	50,636	7.3	11.9	0.4
Visual	49,091	7.0	6.8	7.4
Breast	46,692	6.7	10.9	0.4
Rectal	33,357	4.8	5.2	4.2
Mental	18,435	2.6	2.7	2.6
Other	111,589	16.0	16.1	15.9
Tests				
Blood pressure	297,734	42.7	45.9	37.9
Urinalysis	85,098	12.2	13.7	9.9
Cholesterol	25,885	3.7	3.6	3.9
PSA ²	6,759	1.0	...	2.3
TB skin test ³	6,091	0.9	0.7	1.1
Blood lead level	2,845	0.4	0.4	0.5
HIV serology ⁴	1,384	0.2	0.2	0.2
Other blood test	98,033	14.1	15.2	12.3
Other test	66,574	9.6	10.9	7.6
Imaging				
X ray	55,964	8.0	8.1	8.0
Ultrasound	13,193	1.9	2.3	1.3
MRI ⁵	4,465	0.6	0.5	0.8
CAT scan ⁶	4,004	0.6	0.5	0.7
Other imaging	4,625	0.7	0.6	0.7

*Figure does not meet standard of reliability or precision.

... Category not applicable.

¹Numbers may not add to totals because more than one condition may be reported per visit.

²PSA is prostate-specific antigen.

³TB is tuberculin.

⁴HIV is human immunodeficiency virus.

⁵MRI is magnetic resonance imaging.

⁶CAT is computerized axial tomography.

Table 13. Number and percent of office visits by the 20 write-in procedures most often ordered or performed: United States, 1995

Procedures ordered or performed and ICD-9-CM code ¹	Number of visits in thousands	Percent of visits	
All visits	697,082	. . .	
Other nonoperative measurements and examinations 89.39	94,950	13.6	
Pap smear 91.46	16,476	2.4	
Electrocardiogram 89.52	13,673	2.0	
Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue 86.30	9,862	1.4	
Culture from ear, nose, throat, and larynx 90.32	9,629	1.4	
Eye examination, not otherwise specified 95.09	8,610	1.2	
Tonometry 89.11	5,813	0.8	
Neurologic examination 89.13	4,260	0.6	
Audiometry 95.41	3,239	0.5	
Vital capacity determination 89.37	2,499	0.4	
Biopsy of skin and subcutaneous tissue 86.11	2,371	0.3	
Fetal monitoring, not otherwise specified 75.34	2,308	0.3	
Other microscopic examination from lower gastrointestinal tract and of stool 90.99	1,983	0.3	
Removal of other therapeutic device 97.89	1,882	0.3	
Other cardiovascular stress test 89.44	1,767	0.3	
Rigid proctosigmoidoscopy 48.23	1,700	0.2	
Electromyography 93.08	1,662	0.2	
Hearing examination 95.47	1,532	0.2	
Culture of specimen from female genital tract 91.42	1,485	0.2	
Irrigation of ear 96.52	1,384	0.2	
Bacterial smear of specimen from female genital tract 91.41	1,317	0.2	
Culture of specimen from unspecified site 91.92	1,249	0.2	
Other cystoscopy 57.32	1,072	0.2	
Other nonoperative neurologic function test 89.15	998	0.1	

. . . Category not applicable.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (5)*.**Table 14. Number and percent of office visits by therapeutic and preventive services ordered or provided, according to patient's sex: United States, 1995**

Therapeutic and preventive services ordered or provided	Number of visits in thousands ¹	Patient's sex		
		Total	Female	Male
			Percent of visits	
All visits	697,082	. . .	. . .	. . .
None	453,809	65.1	64.8	65.6
Counseling/education				
Diet	92,629	13.3	13.8	12.6
Exercise	69,373	10.0	10.1	9.7
Weight reduction	33,065	4.7	5.1	4.2
Growth/development	26,968	3.9	3.7	4.2
Mental health	20,830	3.0	3.1	2.8
Tobacco use/exposure	20,765	3.0	2.9	3.1
Cholesterol reduction	20,398	2.9	2.7	3.2
Injury prevention	17,653	2.5	2.2	3.0
HIV transmission ²	2,821	0.4	0.4	0.4
Other	50,940	7.3	7.5	7.0
Other therapy				
Psychotherapy	19,286	2.8	2.8	2.8
Physiotherapy	17,362	2.5	2.3	2.7
Corrective lenses	6,813	1.0	1.0	0.9
Other	14,789	2.1	2.0	2.3

. . . Category not applicable.

¹Numbers may not add to total because more than one type of therapeutic or preventive service may be reported per visit.²HIV is human immunodeficiency virus.

Table 15. Number and percent distribution of office visits by medication therapy and number of medications provided or prescribed, according to patient's sex: United States, 1995

Visit characteristic	Number of visits in thousands	Total	Patient's sex	
			Female	Male
Medication therapy ¹				
Percent distribution				
All visits	697,082	100.0	100.0	100.0
Drug visits ²	448,258	64.3	65.0	63.3
Visits without mention of medication	248,824	35.7	35.0	36.7
Number of medications provided or prescribed by physician				
All visits	697,082	100.0	100.0	100.0
0	248,824	35.7	35.0	36.7
1	207,368	29.7	29.0	30.8
2	120,560	17.3	17.8	16.6
3	57,738	8.3	8.6	7.8
4	28,504	4.1	4.3	3.8
5	14,113	2.0	2.2	1.8
6	19,974	2.9	3.1	2.5

¹Includes prescription drugs, over-the-counter preparations, immunizing agents, and desensitizing agents.

²Visits at which one or more drugs was provided or prescribed by the physician.

NOTE: Numbers may not add to totals because of rounding.

Table 16. Number and percent distribution of drug visits and drug mentions by physician specialty: United States, 1995

Physician specialty	Drug visits		Drug mentions		Percent of drug visits ²
	Number in thousands ¹	Percent distribution	Number in thousands	Percent distribution	
All specialties	448,258	100.0	926,132	100.0	64.3
General and family practice	131,767	29.4	269,191	29.1	73.1
Internal medicine	83,135	18.5	207,497	22.4	78.5
Pediatrics	62,626	14.0	103,455	11.2	70.4
Obstetrics and gynecology	26,205	5.8	38,196	4.1	49.5
Ophthalmology	21,181	4.7	40,903	4.4	52.1
Psychiatry	17,132	3.8	29,214	3.2	78.2
Dermatology	15,690	3.5	28,748	3.1	62.8
Orthopedic surgery	12,041	2.7	17,860	1.9	29.6
Cardiovascular diseases	11,300	2.5	41,616	4.5	77.9
Otolaryngology	8,139	1.8	13,946	1.5	49.2
Urology	5,857	1.3	8,223	0.9	43.2
Neurology	4,937	1.1	11,902	1.3	66.8
General surgery	4,728	1.1	8,179	0.9	24.7
All other specialties	43,521	9.7	107,202	11.6	62.5

¹Visits at which one or more drugs was provided or prescribed by the physician.

²Number of drug visits divided by number of office visits multiplied by 100.

NOTE: Numbers may not add to totals because of rounding.

Table 17. Number, percent distribution, and annual rate of drug mentions by therapeutic classification: United States, 1995

Therapeutic classification ¹	Number of drug mentions in thousands	Percent distribution	Number of drug mentions per 100 visits ²
All drug mentions.	926,132	100.0	132.9
Cardiovascular-renal drugs.	132,356	14.3	19.0
Antimicrobial agents	127,764	13.8	18.3
Drugs used for relief of pain	112,360	12.1	16.1
Respiratory tract drugs	99,630	10.8	14.3
Hormones and agents affecting hormonal mechanisms	85,154	9.2	12.2
Central nervous system.	65,895	7.1	9.5
Skin/mucous membrane.	52,772	5.7	7.6
Metabolic and nutrient agents	44,988	4.9	4.7
Gastrointestinal agents	42,567	4.6	6.5
Ophthalmic drugs	37,783	4.1	5.4
Immunologic agents	32,549	3.5	6.1
Neurologic drugs	22,106	2.4	3.2
Hematologic agents	15,022	1.6	2.2
Radiopharmaceutical/contrast media.	7,854	0.8	1.1
Other and unclassified ³	47,334	5.1	6.8

¹Based on the standard drug classification used in the *National Drug Code Directory*, 1995 edition (NDC) (7).

²Number of drug mentions divided by total number of visits multiplied by 100.

³Includes anesthetics, antidotes, oncology, otology, antiparasitics, and unclassified/miscellaneous drugs.

NOTE: Numbers may not add to totals because of rounding.

Table 18. Number and percent of the 20 most frequently occurring generic substances in drug mentions at office visits by type of generic substance: United States, 1995

Generic substance	Number of occurrences in thousands ¹	Percent of drug mentions ²
All generic substances	1,109,581	. . .
Amoxicillin	37,201	4.0
Acetaminophen	36,405	3.9
Albuterol	16,243	1.8
Ibuprofen.	15,993	1.7
Hydrochlorothiazide	15,617	1.7
Aspirin	14,825	1.6
Estrogens	14,216	1.5
Furosemide	13,511	1.5
Guaifenesin	12,364	1.3
Phenylephrine.	11,506	1.2
Erythromycin	11,257	1.2
Levothyroxine	11,217	1.2
Hydrocodone	10,249	1.1
Digoxin	10,141	1.1
Prednisone	10,102	1.1
Codeine	9,543	1.0
Trimethoprim	9,429	1.0
Cephalexin.	9,423	1.0
Rantidine.	9,124	1.0
Naproxen	9,062	1.0

. . . Category not applicable.

¹Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

²Based on an estimated 926,132,000 drug mentions in 1995.

Table 19. Number, percent distribution, and therapeutic classification for the 20 drugs most frequently prescribed at office visits, by entry name of drug: United States, 1995

Entry name of drug ¹	Number of mentions in thousands	Percent distribution	Therapeutic classification ²
All drug mentions.	926,132	100.0	. . .
Amoxicillin	19,676	2.1	Penicillins
Lasix	12,712	1.4	Diuretics
Premarin	12,352	1.3	Estrogens and progestins
Tylenol	11,604	1.3	Analgesics, nonnarcotic
Amoxil	11,662	1.3	Penicillins
Synthroid.	10,303	1.1	Agents used to treat thyroid disease
Prednisone	9,950	1.1	Adrenal corticosteroids
Zantac	9,060	1.0	Agents used in disorders of upper GI tract
Proventil	7,702	0.8	Antiasthmatics/bronchodilators
Lanoxin.	7,108	0.8	Cardiac glycosides
Motrin	7,055	0.8	Antiarthritics
Keflex.	6,953	0.8	Cephalosporins
Vasotec.	6,738	0.7	ACE inhibitors ³
Coumadin	6,466	0.7	Anticoagulants/thrombolytics
Allergy relief or shots	6,327	0.7	Diagnostics, nonradioactive and radiopaque
Cardizem.	6,319	0.7	Calcium channel blockers
Xanax.	6,314	0.7	Antianxiety agents
Biaxin	6,204	0.7	Erythromycins/lincosamides/macrolides
Provera.	6,170	0.7	Estrogens and progestins
All other	755,457	81.6	. . .

. . . Category not applicable.

¹The entry made by the physician on the prescription or other medical records. This may be a trade name, generic name, or desired therapeutic effect.

²Based on the *National Drug Code Directory*, 1995 Edition (NDC) (7). In cases where a drug had more than one therapeutic use, it was classified under its primary therapeutic use.

³ACE is angiotensin-converting enzyme.

NOTE: Numbers may not add to totals because of rounding.

Table 20. Number and percent of office visits by providers seen and physician specialty: United States, 1995

Physician specialty	Number of visits in thousands ¹	Providers seen this visit						
		Physician	Physician assistant	Nurse practitioner	Registered nurse	Licensed practical nurse	Medical assistant	Other provider
		Number of visits in thousands						
All specialties	697,082	668,883	13,320	4,711	90,973	80,383	162,083	24,673
General and family practice	180,259	172,587	2,912	*1,980	17,726	27,107	48,787	2,115
Internal medicine	105,953	103,769	2,014	*628	16,804	10,363	25,025	*
Pediatrics	88,956	84,255	1,217	*	11,655	12,780	17,998	*
Obstetrics and gynecology	52,886	51,888	*	*	11,287	5,141	13,843	*
Ophthalmology	40,693	40,309	2,566	*	1,463	2,202	14,880	7,401
Orthopedic surgery	40,686	40,465	770	*	4,396	2,474	6,515	3,892
Dermatology	25,002	24,628	*504	*	2,743	2,314	5,359	*
Psychiatry	21,910	17,415	*	*	659	3,937	*	3,071
General surgery	19,179	18,978	*	—	3,223	1,243	2,725	*
Otolaryngology	16,535	16,296	*	*	1,873	2,359	2,351	1,227
Cardiovascular diseases	14,501	14,109	725	*	3,878	767	4,605	*443
Urology	13,543	13,187	*	*	3,016	1,589	1,998	*
Neurology	7,387	7,201	*	*	912	379	1,374	*
All other specialties	69,594	63,796	1,644	*667	11,338	7,727	16,599	4,396
		Percent of visits						
All specialties . . . . .	...	96.0	1.9	0.7	13.1	11.5	23.3	3.5
General and family practice . . . . .	...	95.7	1.6	*1.1	9.8	15.0	27.0	1.2
Internal medicine . . . . .	...	97.9	1.9	*0.6	15.9	9.8	23.6	*
Pediatrics . . . . .	...	94.7	1.4	*	13.1	14.4	20.2	*
Obstetrics and gynecology . . . . .	...	98.1	*	*	21.3	9.7	26.2	*
Ophthalmology . . . . .	...	99.1	6.3	*	3.6	5.4	36.6	18.2
Orthopedic surgery . . . . .	...	99.5	1.9	*	10.8	6.1	16.0	9.6
Dermatology . . . . .	...	98.5	*2.0	*	11.0	9.3	21.4	*
Psychiatry . . . . .	...	79.5	*	*	3.0	18.0	*	14.0
General surgery . . . . .	...	99.0	*	—	16.8	6.5	14.2	*
Otolaryngology . . . . .	...	98.6	*	*	11.3	14.3	14.2	7.4
Cardiovascular diseases . . . . .	...	97.3	5.0	*	26.7	5.3	31.8	*3.1
Urology . . . . .	...	97.4	*	*	22.3	11.7	14.8	*
Neurology . . . . .	...	97.5	*	*	12.3	*5.1	18.6	*
All other specialties . . . . .	...	91.7	2.4	*1.0	16.3	11.1	23.9	6.3

*Figure does not meet standard of reliability or precision.

— Quantity zero.

... Category not applicable.

¹Numbers may not add to totals because more than one provider may be reported per visit.

Table 21. Number and percent distribution of office visits by patient's referral status, according to prior-visit status: United States, 1995

Referral status	All visits	Prior-visit status		
		New patient	Old patient, new problem	Old patient, old problem
		Number of visits in thousands		
All visits	697,082	97,545	142,411	457,126
Referred for this visit	105,581	36,806	8,595	60,180
Not referred for this visit	591,501	60,739	133,816	396,946
		Percent distribution		
All visits	100.0	100.0	100.0	100.0
Referred for this visit	15.1	37.7	6.0	13.2
Not referred for this visit	84.9	62.3	94.0	86.8

NOTE: Numbers may not add to totals because of rounding.

Table 22. Number and percent distribution of office visits by physician specialty, according to referral status and prior-visit status: United States, 1995

Physician specialty	Number of visits in thousands	Total	Referred for this visit			Not referred for this visit		
			New patient	Old patient, new problem	Old patient, old problem	New patient	Old patient, new problem	Old patient, old problem
Percent distribution								
All visits	697,082	100.0	5.3	1.2	8.6	8.7	19.2	56.9
General and family practice	180,259	100.0	*0.8	*0.9	1.6	10.5	29.8	56.4
Internal medicine	105,953	100.0	1.5	*0.9	3.3	7.1	24.9	62.3
Pediatrics	88,956	100.0	*0.8	*	2.8	7.6	31.3	56.7
Obstetrics and gynecology	52,886	100.0	3.8	*	7.0	6.9	12.2	68.6
Ophthalmology	40,693	100.0	8.8	*1.5	11.7	9.4	5.6	63.0
Orthopedic surgery	40,686	100.0	13.3	2.2	21.0	12.7	5.0	45.7
Dermatology	25,002	100.0	9.2	*1.5	13.0	12.5	10.3	53.5
Psychiatry	21,910	100.0	3.6	*	24.5	3.9	*	67.3
General surgery	19,179	100.0	18.1	3.8	19.3	5.1	12.1	41.5
Otolaryngology	16,535	100.0	18.0	*1.2	19.9	10.1	4.9	45.8
Cardiovascular diseases	14,501	100.0	10.4	*	15.2	*3.9	6.0	63.6
Urology	13,543	100.0	15.1	*	24.2	*4.2	*2.6	52.2
Neurology	7,387	100.0	20.1	*	27.9	5.4	*	43.8
All other specialties	69,594	100.0	10.8	*1.6	16.0	9.6	11.4	46.2

*Figure does not meet standard of reliability or precision.

NOTE: Numbers may not add to totals because of rounding.

Table 23. Number and percent of office visits by disposition of visit: United States, 1995

Disposition	Number of visits in thousands ¹	Percent of visits
All visits	697,082	...
Return at specified time	427,418	61.3
Return if needed	192,523	27.6
No followup planned	60,570	8.7
Admit to hospital	5,580	0.8
Other	26,590	3.8

... Category not applicable.

¹Numbers do not add to total because more than one disposition may be reported per visit.**Table 24. Number and percent distribution of office visits by duration of visit: United States, 1995**

Duration	Number of visits in thousands	Percent distribution
All visits	697,082	100.0
0 minutes ¹	99,798	14.3
1–5 minutes	23,168	3.3
6–10 minutes	141,700	20.3
11–15 minutes	197,188	28.3
16–30 minutes	183,215	26.3
31–60 minutes	46,345	6.6
61 minutes and over	5,668	0.8

¹Visits in which there was no face-to-face contact between patient and physician.

NOTE: Numbers may not add to totals because of rounding.

Technical notes

Sampling errors

The standard error is primarily a measure of the sampling variability that occurs by chance when only a sample, rather than an entire universe, is surveyed. The standard error also reflects part of the measurement error, but does not measure any systematic biases in the data. The chances are 95 out of 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than twice the standard error.

The standard errors used in tests of significance for this report were calculated using generalized linear models for predicting the relative standard error for estimates based on the linear relationship between the actual standard error, as approximated using SUDAAN software, and the size of the estimate. SUDAAN computes standard errors by using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (15). The relative standard error (RSE) of an estimate is obtained by dividing the standard error by the estimate itself.

Table I. Approximate relative standard errors for estimated numbers of office visits: National Ambulatory Medical Care Survey, 1995

Estimated number of office visits in thousands	Relative standard error in percent
100	69.7
200	49.4
500	31.4
551	30.0
1,000	22.5
2,000	16.2
5,000	10.9
10,000	8.4
20,000	6.8
50,000	5.6
100,000	5.2
200,000	5.0
500,000	4.8
1,000,000	4.8

NOTE: The smallest reliable estimate for visits to aggregated specialties is 551,000 visits. Estimates below this figure have a relative standard error greater than 30 percent and are deemed unreliable by NCHS standards.

Example of use of table: An aggregate estimate of 10 million visits has a relative standard error of 8.4 percent or a standard error of 840,000 visits (8.4 percent of 10 million).

Table II. Approximate relative standard errors for estimated numbers of drug mentions: National Ambulatory Medical Care Survey, 1995

Estimated number of drug mentions in thousands	Relative standard error in percent
100	106.1
200	75.1
500	47.7
1,000	33.9
1,284	30.0
2,000	24.2
5,000	15.8
10,000	11.7
20,000	9.0
50,000	6.9
100,000	6.0
200,000	5.6
500,000	5.2
1,000,000	5.1

NOTE: The smallest reliable estimate of drug mentions for aggregated specialties is 1,284,000 mentions. Estimates below this figure have a relative standard error greater than 30 percent and are deemed unreliable by NCHS standards. Example of use of table: An aggregate estimate of 10 million drug mentions has a relative standard error of 11.7 percent or a standard error of 1,170,000 mentions (11.7 percent of 10 million).

The result is then expressed as a percent of the estimate.

Approximate relative standard errors for estimated numbers of office visits in 1995 are shown in [table I](#); approximate relative standard errors for estimated numbers of drug mentions are presented in [table II](#). Approximate standard errors for estimated percents of visits and drug mentions are displayed in [tables III](#) and [IV](#). Multiplying the estimate by the RSE will provide an estimate of the standard error for the estimate.

Alternatively, relative standard errors for aggregate estimates may be calculated using the following general formula, where x is the aggregate of interest in thousands, and A and B are the appropriate coefficients from [table V](#).

$$RSE(x) = \sqrt{A + \frac{B}{x}} \cdot 100$$

Similarly, relative standard errors for percents may be calculated using the following general formula, where p is the percent of interest expressed as a proportion, and x is the denominator of the percent in thousands, using the appropriate coefficient from [table V](#).

$$RSE(x) = \sqrt{\frac{B \cdot (1 - p)}{p \cdot x}} \cdot 100$$

The standard error for a rate may be obtained by multiplying the relative standard error of the total estimate by the rate.

Published and flagged estimates

Estimates are not presented unless a reasonable assumption regarding their probability distributions is possible on the basis of the Central Limit Theorem. The Central Limit Theorem states that, given a sufficiently large sample size, the sample estimate approximates the population estimate and, upon repeated sampling, its distribution would be approximately normal.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. Estimates based on 30 or more cases are asterisked only if the relative standard error of the estimate exceeds 30 percent. Approximate relative standard errors were computed using a generalized variance curve and the computed curve coefficients as described above.

Adjustments for nonresponse

Estimates from NAMCS data were adjusted to account for sample physicians who were in-scope but did not participate in the study. This adjustment was calculated to minimize the impact of response on final estimates by imputing to nonresponding physicians data from visits to similar physicians. For this purpose, physicians were judged similar if they had the same specialty designation and practiced in the same PSU.

Tests of significance and rounding

In this report, the determination of statistical inference is based on a two-tailed t -test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. Terms relating to differences such as “greater than” or “less than,” indicate

Table III. Approximate standard errors of percents of estimated numbers of office visits: National Ambulatory Medical Care Survey: 1995

Base of percent (visits in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points							
100	6.9	15.1	20.8	27.8	31.8	34.0	34.7
200	4.9	10.7	14.7	19.7	22.5	24.1	24.6
500	3.1	6.8	9.3	12.4	14.2	15.2	15.5
1,000	2.2	4.8	6.6	8.8	10.1	10.8	11.0
2,000	1.5	3.4	4.7	6.2	7.1	7.6	7.8
5,000	1.0	2.1	2.9	3.9	4.5	4.8	4.9
10,000	0.7	1.5	2.1	2.8	3.2	3.4	3.5
20,000	0.5	1.1	1.5	2.0	2.3	2.4	2.5
50,000	0.3	0.7	0.9	1.2	1.4	1.5	1.6
100,000	0.2	0.5	0.7	0.9	1.0	1.1	1.1
200,000	0.2	0.3	0.5	0.6	0.7	0.8	0.8
500,000	0.1	0.2	0.3	0.4	0.5	0.5	0.5
1,000,000	0.1	0.2	0.2	0.3	0.3	0.3	0.3

NOTE: Example of use of table: An estimate of 30 percent based on an aggregate estimate of 10 million visits has a standard error of 3.2 percent or a relative standard error of 10.7 percent (3.2 percent divided by 30 percent).

Table IV. Approximate standard errors of percents of estimated numbers of drug mentions: National Ambulatory Medical Care Survey: 1995

Base of percent (visits in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points							
100	10.5	23.1	31.8	42.4	48.6	51.9	53.0
200	7.5	16.3	22.5	30.0	34.3	36.7	37.5
500	4.7	10.3	14.2	19.0	21.7	23.2	23.7
1,000	3.3	7.3	10.1	13.4	15.4	16.4	16.8
2,000	2.4	5.2	7.1	9.5	10.9	11.6	11.8
5,000	1.5	3.3	4.5	6.0	6.9	7.3	7.5
10,000	1.1	2.3	3.2	4.2	4.9	5.2	5.3
20,000	0.7	1.6	2.2	3.0	3.4	3.7	3.7
50,000	0.5	1.0	1.4	1.9	2.2	2.3	2.4
100,000	0.3	0.7	1.0	1.3	1.5	1.6	1.7
200,000	0.2	0.5	0.7	0.9	1.1	1.2	1.2
500,000	0.1	0.3	0.4	0.6	0.7	0.7	0.7
1,000,000	0.1	0.2	0.3	0.4	0.5	0.5	0.5

NOTE: Example of use of table: An estimate of 30 percent based on an aggregate estimate of 100 million drug mentions has a standard error of 1.5 percent or a relative standard error of 5.0 percent (1.5 percent divided by 30 percent).

that the difference is statistically significant. A lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found to be not significant.

In the tables, estimates of office visits have been rounded to the nearest thousand. Consequently, estimates will not always add to totals. Rates and percents were calculated from original unrounded figures and do not necessarily agree with percents calculated from rounded data.

Injury groupings

Table 8 of this report presents data on the intent and mechanism producing

the injuries that resulted in ambulatory care visits to physician offices. Cause of injury is collected for each sampled visit in the NAMCS and is coded according to the ICD-9-CM's "Supplementary Classification of External Causes of Injury and Poisoning." For table 8, however, the first-listed cause of injury data were regrouped to highlight the interaction between intentionality of the injury and the mechanism that actually produced the injury. Table VI shows the groupings used to produce this table.

Population figures and rate calculation

The figures represent U.S. Bureau of the Census estimates of the civilian,

noninstitutionalized population as of July 1, 1995. Figures are based on monthly postcensal estimates and are consistent with census reports PE-10/PPL-41, Addendum 1. They have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix. These figures have been published (3). Regional and metropolitan population estimates were obtained from the Division of Health Interview Statistics, NCHS.

Definition of terms

Ambulatory patient—An ambulatory patient is an individual seeking personal health services who is not currently

Table V. Coefficients appropriate for determining approximate relative standard errors by type of estimate and physician specialty: National Ambulatory Medical Care Survey, 1995

Type of estimate and physician specialty	Coefficient for use with estimates in thousands		Lowest reliable estimate (in thousands)
	A	B	
Visits			
Overall totals	0.002215	48.298	551
General and family practice	0.008996	46.757	578
Internal medicine	0.007822	32.389	395
Pediatrics	0.00934	39.319	488
General surgery	0.011084	8.547	109
Obstetrics and gynecology	0.011514	30.856	394
Orthopedic surgery	0.0069	13.297	161
Cardiovascular diseases	0.015865	10.354	140
Dermatology	0.016471	12.618	172
Urology	0.022864	12.648	189
Psychiatry	0.018671	9.07	128
Neurology	0.024702	6.565	101
Ophthalmology	0.011328	16.847	215
Otolaryngology	0.012399	10.456	135
All other specialties	0.008103	32.249	394
Drug mentions			
Overall totals	0.00252	112.321	1,284
General and family practice	0.011689	66.408	849
Internal medicine	0.00885	68.994	851
Pediatrics	0.015967	38.812	525
General surgery	0.049745	10.746	267
Obstetrics and gynecology	0.016714	56.571	772
Orthopedic surgery	0.014111	19.003	251
Cardiovascular diseases	0.027244	23.732	379
Dermatology	0.022308	16.098	238
Urology	0.034228	15.899	286
Psychiatry	0.023053	14.499	217
Neurology	0.070765	9.064	472
Ophthalmology	0.018135	26.295	366
Otolaryngology	0.020356	11.16	161
All other specialties	0.016305	54.119	735

NOTE: These coefficients apply to NAMCS data where doctors of osteopathy (D.O.'s) have been aggregated with doctors of medicine (M.D.'s) according to their self-designated practice specialty. For those who wish to conduct a separate analysis on visits to doctors of osteopathy, the A and B coefficients for use with visit estimates in thousands are 0.01816 and 14.287, respectively. The corresponding coefficients for estimates of drug mentions in thousands are 0.02669 and 26.072. To perform analysis of NAMCS data on visits to MD's excluding all DO's, please contact the Ambulatory Care Statistics Branch for additional information.

admitted to any health care institution on the premises.

Drug mention—A drug mention is the physician's entry on the Patient Record form of a pharmaceutical agent—by any route of administration—for prevention, diagnosis, or treatment. Generic as well as brand-name drugs are included, as are nonprescription and prescription drugs. Along with all new drugs, the physician also records continued medications if the patient was specifically instructed during the visit to continue the medication. Physicians may report up to six medications per visit.

Drug visit—A drug visit is a visit at which medication was prescribed or provided by the physician.

Office—An office is the space identified by a physician as a location for his or her ambulatory practice. Offices customarily include consultation, examination, or treatment spaces that patients associate with the particular physician.

Physician—A physician is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is currently in office-based practice and who spends some time caring for ambulatory patients. Excluded from the NAMCS are physicians who are hospital based; who specialize in anesthesiology, pathology, or radiology; who are federally employed; who treat only institutionalized patients; or who are employed full time by an institution and

spend no time seeing ambulatory patients.

Visit—A visit is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision, for the purpose of seeking care and rendering personal health services. Excluded from the NAMCS are visits where medical care was not provided, such as visits made to drop off specimens, pay bills, make appointments, and walk-outs.

Table VI. Reclassification of external cause-of-injury codes for use with National Ambulatory Medical Care Survey data

Intent and mechanism of injury	Cause of injury code ¹
Unintentional injuries	E800–E869, E880–E929
Falls	E880.0–E886.9, E888
Motor vehicle traffic accidents	E810–E819
Striking against or struck accidentally by objects or persons	E916–E917
Overexertion and strenuous movements	E927
Cutting or piercing instruments or objects	E920
Natural and environmental factors	E900–E909, E928.0–E928.2
Poisoning by drugs, medicinal substances, biologicals, other solid and liquid substances, gases, and vapors	E850–E869
Fire and flames, hot substance or object, caustic or corrosive material, and steam	E890–E899, E924
Machinery	E919
Pedal cycle, nontraffic, and other	E800–E807(.3), E820–E825(.6), E826.1, E826.9
Motor vehicle, nontraffic	E820–E825 (.0,.5,.7,.9)
Other transportation	E800–807(.0–.2,.8–.9), E826 (.0,.2–.8), E827–E829, E831, E833–E845
Firearm missile	E922
Other and not elsewhere classified	E846–E848, E911–E915, E918, E921, E923, E925–E926, E929.0–E929.5, E928.8
Mechanism unspecified	E887, E928.9, E929.8, E929.9
Intentional injuries	E950–E959, E960–E969, E970–E978, E990–E999
Assault	E960–E969
Self-inflicted	E950–E959
Other causes of violence	E970–E978, E990–E999
Injuries of undetermined intent	E980–E989
Adverse effects of medical treatment	E870–E879, E930–E949

¹Based on the Supplementary Classification of External Causes of Injury and Poisoning, *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (5).

Trade name disclaimer

The use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

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